

Division of Corporations **Electronic Filing Cover Sheet**

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(((H220002290303)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 : (772)460-1000 Fax Number : (772)777-3071

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

FLORIDA LIMITED LIABILITY CO. Y & A FLOORS AND WALLS SERVICES, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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COVER LETTER

TO:	New Filing Section
	Division of Corporations

	<u> Y</u>	& A FLOO	RS A	ND WA	LLS SERVICE	S, LLC			
SUBJECT: _									
_		Nam	e of Lir	nited Liabilit	y Company				
The enclosed !	Articles of C	rganization and	fee(s) a	re submitted	for filing.				
Please return a	Il correspon	dence concernin	g this w	atter to the f	ollowing:				
•				Claudio Tole	edo Ribeiro				
_				Name of	Person				
				TAXPEOP	LE, LLC				
		<u> </u>		. Firm/Co	mpany				
•	2855 SW Brighton St								
_	Address								
				Port St Luci	le, FL 34953				
_				City/State and	d Zip Code				
				info@taxp	eoplefl.com				
	E-	mail address: (t	o be use	d for future a	innual report notificati	on)			
For further info	rmation cor	cerning this mat	ner, plea	ase call:					
C	audio Tolec	lo Ribeiro	at (772)	460.1000		SECK JALL/	22 J	
	Name of	Person	_ ·	Area Code	Daytime Telephone	Number	ETAN	22 JUL -5	——————————————————————————————————————
Enclosed is a	check for th	ie following amo	ount:	•					<u>-ED</u>
■ \$125.00 F		□\$130.00 Fili Certificate of	ing Fee	Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	S160.00 Certificate Certified C (additional co	oEStatus &		

Maiung Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Y & A FLOORS AND WALLS SERVICES, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7061 OLD KINGS RD S #231 JACKSONVILLE, FL 32217

7061 OLD KINGS RD S #231 JACKSONVILLE, FL 32217

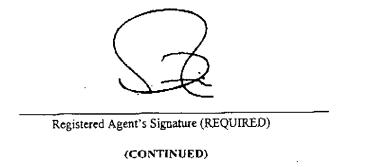
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	TAXPEOPLE, LLC	<u> </u>
	Name	
2	855 SW Brighton S	.t
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Port St Lucie	FL	34953
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR	First Name: OLVAN NECTALI
	Last Name: FLORES GUIFARRO
	Address: 7061 OLD KINGS RD S #231
	City/State/ZIP: JACKSONVILLE, FL 32217

(Use attachment it necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be more the date of filing.)	than five business days prior to or 90 days after
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Claudio Toledo Ribeiro

Typed or printed name of signee

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